The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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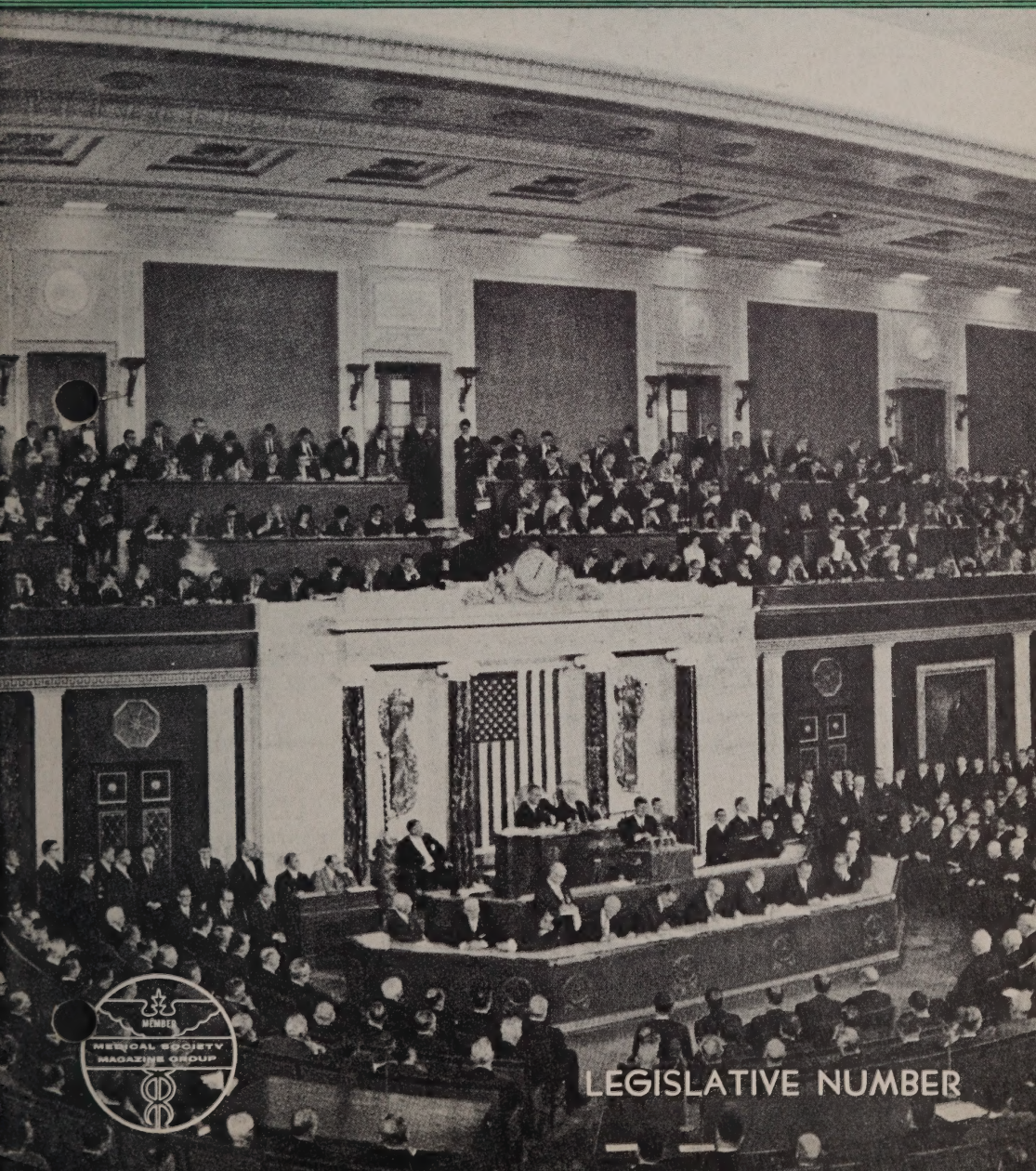

LEGISLATIVE NUMBER

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.
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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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GUEST EDITORIALS

LET'S TELL THE TRUE STORY!
by John B. Butts, M.D., Chairman
Committee on National Legislation, MMS

Within the next few months the greatest domestic issue ever to confront the Congress of the United States will again be discussed, debated, and voted on.

The outcome of this vote will determine whether we retain a voluntary, competitive, and stimulating system which has given us the greatest medical care in the world, or whether we will have imposed on us compulsion, regulation and control, which have resulted in retrogression wherever they have been utilized.

Correctly and succinctly stated, the real issue is whether health care for the elderly can best be provided on a voluntary or a compulsory basis, and whether the Federal Government should take care of people who can take care of themselves.

Present legislative proposals on this subject have two common requisites: compulsion and social security financing. The poponents of federal intervention in the care of the aged, or what we term "Fedicare," will never withdraw these requirements. Neither should *we* accept any compromise since the problem of providing health care for the needy aged is well provided for by the Kerr-Mills Law — no further federal law is necessary.

Dr. Edward R. Annis, President of the AMA, because of his truly magnificent talent as an orator; because of his firm conviction in the voluntary system; and because of his constant and untiring effort, has done more for the cause of the American way of medicine than any other living person. Yet this great man is sufficiently humble to assign a part of his crusade against federalization to each and every one of us when he states that, if every physician were to tell the True Story to his patients, millions of people would be informed every day.

How many of us have taken the time to tell the True Story?

How many of those who know the True Story have taken the time to relate it to others?

There is presently an attractive, completely documented question and answer pamphlet published by the AMA which should be available for patient-reading in every physician's office. People are anxious to know the answers to these questions. This I personnally know to be a fact as a result of written acknowledgments I have received from groups before whom I have had the privilege of speaking. There are not enough speakers, and there has not been enough activity on the part of District Societies in presenting the True Story before study groups, clubs, and organizations. After all, ultimately it is the *people* who will decide the issue. Their decision will depend upon the information which they have. It is up to us to see that they have the True Story as opposed to the lobbying campaign put on by the Department of H.E.W., using taxpayers money to promote King-Anderson legislation while at the same time discrediting the Kerr-Mills Law.

During the congressional hearings on King-Anderson legislation, Senator Carl Mundt of South Dakota, read into the record an impressive documentation of H.E.W.'s attempt to block or retard implementation of the Kerr-Mills Law.

It is interesting that the President and Past President of the Association of Medical Assistants represented their organization with a pledge of support to protect the people of the United States against further encroachment on the rights of the individual and against further removal of the incentive of private endeavor.

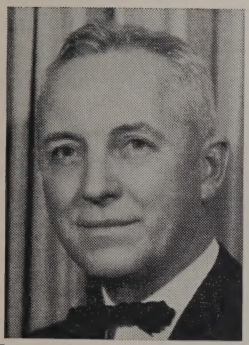
Where were the representatives of the American Nursing Association? Were they absent because we have failed to assure them that our common purpose is the betterment of patient care, be the patient young or old? We are adamant that the imposition of an ever increasing and ever underestimated tax on the youth of the country does not constitute the means to the attainment of our common goal.

TIME IS OF THE ESSENCE!

Let us tell the True Story of the greatness of American Medicine!

Let us be proud of our achievement and accept the responsibility that goes with it so that we may pass on to our successors the same freedom which we accepted without question from those who preceded us.

President's Page



The major health bills pending in the 88th congress concern themselves with (1) Tax Reduction, (2) Civil Rights, (3) Aid to Education, and (4) Medicare. Except for the first, the priority sequence of the other three is yet to be determined.

As men of medicine we can hardly take issue with most of these objectives. Who, for instance, can be against reduced taxes? Or, who, under God, can continue to delude himself that color of skin or racial origin predetermine superiority? And finally, who can question the value of educational assistance to our young and through them to the rest of the nation?

But what about Medicare? To group it with the other three may indeed lead the unwary to consider it equally humanitarian and just. It is difficult to understand why anybody, except the politically minded, should support Medicare, more accurately referred to as Fedicare. What is even more difficult to understand is why some paramedical groups, and even some of our own colleagues, have taken such a passive and indifferent attitude to the problem. Organized medicine, needless to say, is against Medicare. The logic of its position can be appreciated only by a study of the facts, by itself no minor endeavor for the average busy practitioner. Suffice it to say, that those who have studied the pros and cons of this issue, and those who are motivated patriotically and unselfishly, believe strongly that the K-A bill, or anything resembling it, should be defeated.

Dr. Robert Emery, our Legislative Council, may well call upon us soon to assist him in this effort. We all have an obligation to cooperate with him to the best of our ability.

Martin B. Murray, M.D.

FEBRUARY MEETING

Place: Storrowton, W. Springfield. . . Attendance 210; Reservations 216.

Following a very fine London broil-de dinner, meeting is called to order by President Murray at 8:45 P.M. . . He introduces several representatives from the hospitals in the area, and also one from the Joint Civic Agencies. . . In deference to the guest speaker he is introduced before the business meeting. . .

Dr. Lamar Soutter

Guest speaker is Dr. Lamar Soutter, First Dean of University of Mass. Medical School, who is greeted with a standing ovation. . . (Dr. Soutter's address will be published in the March Hippocrat.)

Business meeting, in the absence of Dr. Murray, is called by V-P Miner at 9:30. . . Minutes of previous meeting are read and accepted. . . Dr. Pokorny, Chairman of Public Health Committee, calls attention to Polio Program (see page 21) . . . A "Polio" meeting with representatives of the various news media will be held at the Kimball Towers on February 19. . . Amendments to Chapter VII, Section I (see January Hippocrat), as recommended by By-laws Committee, are adopted . .

Motion by Dr. Miller is voted on favorably. This reads as follows: "Inasmuch as Dr. Allen S. Johnson, a member of our District Society, has been nominated by Governor Peabody as a member of the Public Health Advisory Council with the approval of the Commissioner of Public Health, and whereas his appointment has been held up in the Governor's council, I move that this Society endorse Dr. Johnson's appointment and memorialize the Governor's councilors to this effect."

Dr. Kruger, reporting for Committee on Malpractice and Medico-Legal Affairs, announces joint panel symposium with Hampden County Bar Association on "Medico-Legal Aspects of Physician-Patient Relationship" to be held some time in May. . . Meeting adjourns at 9:45 P.M.

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EXECUTIVE COMMITTEE MEETING
(Highlights)

The meeting of January 21 was called to order at 8:15 P.M. by President Murray. Present also were Drs. Miller, Suzor, Wales, Miner, Williams, Memery, Mills, Griffiin, Turner, Byrnes, and Mrs. Purdy, Executive Secretary.

Several informational letters were read. A letter of thanks from the Springfield Area Community Health Study was read, for a contribution to the study by the Society.

A report was received on the progress of the "Polio Immunization Program" (see page 21). Dr. Miller gave an excellent report on the progress of the Joint Mental Health Committee set up by Dr. Murray with Mr. Alan Campbell of the Community Council.

Dr. Tillman, Chairman of the Insurance Committee, presented a plan for "Office Overhead" insurance from the Lessure Wertheim Insurance Company. This was tabled until more information could be obtained.

Dr. Bandeian sent in a report of the Medico-Religious Committee which will meet on February 17 and March 16 in preparation for a combined meeting of clergy and physicians. This will take place on April 7 at the W.A.R. Chapin Auditorium at the Municipal Hospital, Springfield.

It was voted that at the next District Meeting the speaker precede the business meeting.

It was voted that in case of removal of office a simple statement in the newspaper is acceptable. Photograph and a review of personal accomplishments is not acceptable.

The Grievance Committee heard one case.

The meeting adjourned at 11 P.M.

HAMPDEN CAPSULES

Dr. Howard Turner was appointed Treasurer of the "Polio Immunization Program" with Mrs. Purdy as Assistant.

The Building Committee, consisting of Dr. B. Lincoln Wales, Jr., Chairman, and Drs. Francis Riley and Malcolm Allan, has been hard at work preparing plans for an addition to Society Headquarters. A larger meeting room is being added along with a kitchen and a bathroom.

The Polio Immunization Program committee meets every Wednesday at 12:30 P.M.

The following members have been giving talks with the movies "Human Growth" and "The Innocent Party." (This program is being co-sponsored by the H.D.M.S. and the Springfield Health Department.) Drs. Atamian, Teitel, Samuel Feldman, Sheffield, and Bellin.

Dr. Jerome Whitney attended an AMA Mental Health meeting in Chicago on Feb. 14 and 15. Dr. Whitney is Chairman of the Committee on Mental Health of the MMS.

A meeting of Operation Hometown was held on Thursday evening, January 30, 1964 at Society headquarters. Present were: Drs. Emery, Chairman; Stoler, S. Feldman, Kinsella, Murray and the Mrs. Purdy and Corwin.

COMPLIMENTS

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IN MEMORIAM

THEODORE S. BACON, M.D.
1872 - 1964

Dr. Theodore S. Bacon of 69 Maple Street, Springfield, died in his home on January 28, 1964, after a prolonged illness.

Born in Natick, Mass., on May 9, 1872, Dr. Bacon attended Mass. State College and Boston University. After receiving his medical degree from the Harvard Medical School in 1898 and interning at the Boston City Hospital, he came to Springfield in 1899 and has remained here ever since engaging in the private practice of medicine.

Dr. Bacon served on the medical staff of the Springfield Hospital since 1906. He was an associate medical examiner from 1907 to 1914, and chairman of the board of Belchertown State Hospital, 1922 - 1936. He was a member of the AMA, the American College of Physicians, the MMS, the Mass. Medico-Legal Association, the HDMS, of which he was president in 1935, the Springfield Medical Club, and the Springfield Academy of Medicine, of which he was the last surviving charter member. He was also certified by the American Board of Internal Medicine.

Deepest sympathy is hereby extended to the surviving members of his family and to his many friends and associates.

COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 28

EXECUTIVE COMMITTEE MEETINGS, FEBRUARY 18 and MARCH 17

MEDICO-RELIGIOUS MEETING, APRIL 7 (Program to be announced)

SPRINGFIELD ACADEMY OF MEDICINE, MARCH 10

AMERICAN COLLEGE OF ALLERGISTS, BAL HARBOR, FLA., MARCH 1-6

AMERICAN COLLEGE OF PHYSICIANS, ATLANTIC CITY, APRIL 6-10

M.M.S. ANNUAL MEETING, MAY 19-21

A.M.A. ANNUAL MEETING, SAN FRANCISCO, CAL., JUNE 21-25

INTERNATIONAL DIABETES FEDERATION, TORONTO, JULY 20-24

A.M.A. CLINICAL MEETING, MIAMI BEACH, NOV. 29 - DEC. 2

PERSONAL

Dr. Thomas Reilly was appointed recently a District Health Officer under Dr. Jerome Peterson, Western Regional Director of the Massachusetts Department of Public Health.

Removal of office: Dr. John Maloney to 234 Carew St., Springfield.

Dr. Walter W. Williams, Springfield, was chairman of one of the sessions of the North American Conference on Infertility and Sterility held recently in Mexico. He also presented there a paper entitled "My Experience with Male Infertility During the Past Forty Years."

Dr. Omar T. Pace was appointed recently by Dr. Roland R. Cartier, Superintendent of the Western Massachusetts Hospital, as Surgeon in Chief and Chief of Staff, of the Cancer Division of that hospital.

Dr. Theodore Miner, Vice President HDMS, was recently named Chief of Surgery at the Springfield Hospital.

PATRONIZE OUR ADVERTIZERS

ATTENTION COMMITTEE CHAIRMEN!

In order to shorten the coming Annual Meeting, the Executive Committee voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only requirements are: (1) that the report not exceed 300 words, and (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 28.

Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will instead report to their respective Parent Committees.

Your cooperation is urgently requested.

Harry N. Memery, Secretary

"OPERATION HOMETOWN"

by Robert W. Emery, M.D., Chairman Legislative Committee and "Operation Hometown"

During the last session of Congress the administrations' Medicare plan for the aged was held up in the Ways and Means Committee, first because most of the members of this Committee were opposed to the bill and secondly, because it lacked legislative priority. These factors had an effect of lulling us into a false sense of security. Moreover, we weren't quite sure of President Johnson's stand on Medicare. Neither were we quite sure what priority it would be given in the Ways and Means Committee of the new or present Congress.

However, President Johnson's message to Congress made it clear that Medicare was one of his prime objectives. In his message, you will recall, there were only three major objectives he proposed: the tax bill, the civil rights bill, and number three, medical care for the aged. We are now, therefore, back again in the forefront of the fight against this bill. Because of the hearings that are taking place now before the Ways and Means Committee there has been a great deal of publicity attached to the pros and cons of this bill. In support of it have appeared representatives from old age groups and from labor unions. Several members of our own profession have even appeared in favor of it. The opposition to the bill came primarily from insurance companies, from the National Chamber of Commerce, and, needless to say, from the AMA.

Is It a Lost Cause?

In addition to the letdown due to the previously mentioned reasons, there has become apparent in the past few weeks an attitude of "Eventually we are going to get licked, so why spend all the money and effort? Why not drop the whole thing, now." This very attitude was expressed to me just a few days ago in talking with a group of physicians in a local hospital. Unfortunately, this is exactly the attitude which our opponents had hoped we would take. The constant drive by the administration, the continual publicity on the hearings, the periodic attempts to bring the bill to the floor, all are obvious means of trying to wear down the opposition.

On the anniversary of the Kerr-Mills Act, a group of members of Congress, who are opposed to the Act, held a conference to celebrate "the fact" that the Kerr-Mills Bill was inefficient, and that it was not doing the job that the Social Security approach proposed to do. This received wide publicity in the newspapers.

It is probably well at this time to restate the fact that the AMA and the doctors of the nation realize that there is a problem connected with the care of the aged, which is undoubtedly all financial. We do not, however, believe, that this problem is as enormous as is claimed by the administration. We *do* believe that socialization is not the answer to medical care for any segment of the American people. We do believe also that the proposed bill through social security is merely an entering wedge to the socialization of medicine in all its phases and for all age groups.

Therefore, it is necessary for us to continue the fight. We must have the same attitude toward our side of the story, as our opponents have toward their side of the story. If they are still willing to fight, certainly we must be willing to do so and even more vigorously, because we have something that we believe in, and because we know that better medical care can be attained without socialization.

The Remedy

This brings us to "Operation Hometown." "Hometown" is a nation-wide campaign which has been initiated by the AMA. It reaches into every state and into every District of the United States. It is a plan whereby the public can be informed of the facts and of the true nature of the bills on Medicare now being proposed in Congress. It offers various facets of information, including talks to groups by individual physicians and publicity in newspapers, magazines, radio, and T.V. It includes meetings of the type sponsored recently by the Joint Civic Agencies, where "Medical Care to the Aged" was discussed in an open forum. You might ask what else can we do in this area? We can continue to do the same, and then some. Many of the members of the HDMS have voluntarily appeared before groups to discuss and to explain our views on medical care for the aged, and on the hazards of the political bills now before Congress. It is necessary for each and everyone of us to spread the word in any way we can, to our patients, to our friends, and to groups whom we are invited to address. This means that we must understand what we are talking about. It means that each of us should have a thorough knowledge of the Kerr-Mills Act, the King Anderson Bill, and of all other health bills proposed in Congress. It is not enough to say that we are opposed to one thing and are in favor of another. We must know the details of both sides of the story. In addition, we must aid the various organizations in our community who are opposed not only to medicare, but also to similar forms of governmental interference.

I would suggest that as many as possible join the Joint Civic Agencies, and take part in their activities. Thye are on our side, and are spending a great deal of time, money, energy, and effort to combat Medicare and other

bills of this type. The future of "Hometown" in our community lies entirely in the hands of the membership of the HDMS. A three-member committee by itself cannot be expected to put the entire program of "Hometown" into effect, even if this committee exerted itself to the utmost. It is everybody's duty and responsibility. All members who are interested in helping in any way possible may call the HDMS office and obtain all necessary information, including pamphlets, books, and the bills themselves. These are to be studied, and their information is to be disseminated to all patients and to the public in general.

YOUR PROFESSIONAL LIABILITY

Q—After a physician has announced the termination of his practice, must he refrain from seeing any new patients?

A—There is no legal restriction which precludes a physician from seeing or treating a new patient after he has announced the termination of his practice. Since the physician will be unable to undertake a prolonged treatment of a new patient, however, he should advise the new patient that he is discontinuing his practice on a specified date and that he will be unable to care for the patient after that date. If a patient requires a course of treatment that is likely to extend beyond that termination date, it might be wiser to recommend that he seek the care of another physician from the start.

Q—When a physician terminates his practice, in a community, is it necessary for him to publish an announcement of the termination in a newspaper and to advise his patients of his reasons for terminating practice?

A—When a physician terminates his practice, he should give his patients reasonable advance notice so that they may have an opportunity to obtain the services of another physician. Each patient who is currently under the care of the physician should be notified. It is not necessary for the physician to publish a notice of the termination in a newspaper. It is also not necessary for the physician to inform his patients of his reasons for terminating his practice, although he may do so if he wishes.

Q—What are the medicolegal problems involved for a specialist who participates in the emergency call system of a hospital, when he has limited his practice to his specialty for many years and does not consider himself prepared to treat general medical or surgical problems?

A—The majority of cases handled by the emergency service are automobile accident victims. The duty of the receiving physician is to treat for shock, stem the rapid loss of blood, make the injured person as comfortable as possible, keep him under constant surveillance and immediately summon either the family physician or the type of specialist indicated by the nature of the injuries. It is not his duty to assume the longrange care of the injured person beyond emergency care. Many hospitals require every member of the medical staff to participate in such programs. This service is provided because of the needs of the various communities and has proven to be very valuable.

HOSPITAL — PHYSICIAN RELATIONS

As early as 4000 B.C., temples dedicated to Aesculapius, or Hygeia served both as medical schools for practioners and as resting places for patients under observation and treatment. Later, during the medieval period, the physician and the hospital were separated, and only the hopeless and the homeless found their way to the hospital of that day. Whereas religious groups throughout Europe had extended spiritual and nursing services to the ill, it was not until the 18th century that the scientific advances of that day brought the hospital and the physician together, to provide care for the sick, and education for the physician.

In the United States, from the Philadelphia Almshouse founded in 1713, (later to become the Philadelphia Hospital), and from the Pennsylvania Hospital founded by Ben Franklin and Dr. Thomas Bond in 1751, the growth of hospitals has continued until the nation is presently being served by some 6,500 institutions providing medical care.

During the last two centuries the hospital and the doctor have become more and more dependent upon one another. Whereas in the past the doctor could still practice his profession satisfactorily outside the walls of the hospital, the modern physician cannot possibly render proper care to all his patients without the hospital's trained personnel, special services, and complex equipment. Similarly, the hospital can no longer meet community needs by providing nursing care only, but must indeed depend on the knowledge and skill of the doctor if it is to provide the expert care that the modern community deservedly expects.

The hospital, early recognized as a seat of medical education, has already increased during the last two centuries its scope of teaching and research. It is interesting to note that as far back as 1783 the founder of the London Hospital Medical School wrote that "A skill in the practice of Physic or Surgery cannot be acquired without an attendance at a Hospital."

The physician has a multi-faceted and complex relationship with the modern hospital: (1) As a physician treating his patients; (2) as a teacher, as a student and often as a researcher; (3) as a member of the organized medical staff, and (4) as a member of the community which supports and benefits from the hospital. As a member of the hospital's medical staff he is responsible for the quality of all medical care rendered in the hospital and also for the ethical and professional practices of his fellow members. He is in addition responsible for the education of the entire staff, including house officers. Finally, he has a responsibility toward the development and promotion of research projects.

In carrying out these responsibilities, as delegated to him by the governing board of the hospital, the physician is often called upon to serve on one or more of the committees currently deemed necessary for the efficient and effective operation of the various departments and services of the modern hospital.

The best known and most important of the hospital approving agencies is the "Joint Commission on Accreditation of Hospitals," a voluntary corporation formed in 1952. This organization's budget for 1963 was $389,-

000. This figure will be augmented in 1964 by a set of fixed charges depending upon hospital size, to meet the ever-increasing cost of its surveys. To achieve its main purpose of improving patient care it may exercise only its persuasive powers, which are considerable, since refusal to accredit a hospital can bring about severe loss of prestige, income, construction funds, and even medical staff.

That the scope of surveys in the future will be expanded is common knowledge. One member of the present commission has said "Eventually we are going to have to go into abuse and quality of care, as accreditation is used more and more by outside agencies." Statistics already available through the studies carried out by the Commission on Professional and Hospital Activities of the United States and the Hospital In-Patient Enquiry of England have indicated that the study of the quality of hospital care lends itself to computer analysis with increasing accuracy.

The above surveys promise to increase the present burden upon the hospital personnel, its budget, and its medical staff. It will be essential that the physician through the AMA, ACP and ACS., and the hospitals through the A.H.A. keep a close eye on the activities of the survey groups lest pressure be misdirected and power misused. This may result in serious or irreparable damage to our excellent American Hospital system. It may even lead to government control.

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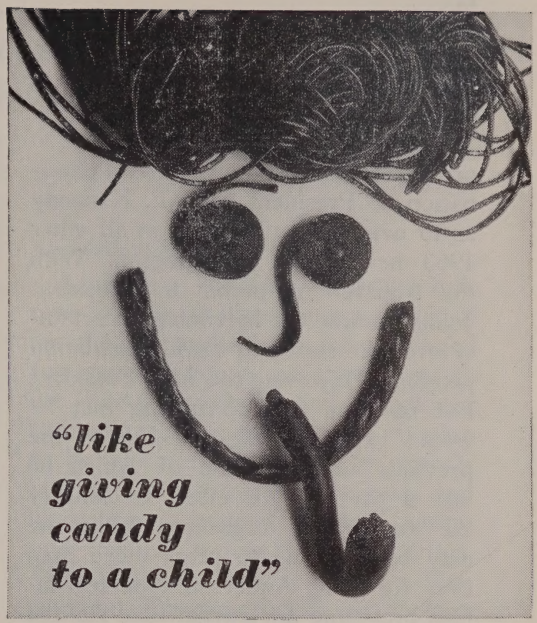

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MEDICAL LEGISLATION
THE NATIONAL SCENE

As all Americans, physicians were so profoundly shocked over the assassination of President John F. Kennedy as to overshadow reaction to all other 1963 news from Washington. With the transfer of power to President Johnson came the inevitable uncertainty over the status of health legislation pending. However, the new President lost no time in emphasizing that he would carry on the policies of the previous administration of which he was a part. In his effort to solidify the support of organized labor, he may be expected to press more than ever for King-Anderson type legislation providing for partial care for the elderly through higher social security taxes. In fact, the greater and more experienced parliamentary skill of President Johnson is more likely to get this legislation through Congress than would have been the case if President Kennedy were still alive. Moreover, with a presidential election coming up, this year undoubtedly will see health legislation as a major issue.

Meanwhile the King-Anderson Bill rests in the House Ways and Means Committee where hearings were held in December, were interrupted by the assassination, and resumed in January. Organized labor remains the chief private proponent of the measure while more conservative citizens and organized medicine are resisting this unnecessary and costly legislation. The fate of the bill rests largely with the House Ways and Means Committee of 25 members who have bottled the bill up for the past 3 years. There are 15 Democrats and 10 Republicans on this Committee, but only 11 committee Democrats favor the bill while all others including Chairman Mills oppose it. However, should the bill ever reach the House floor the comfortable Democratic majority of 258 members out of 435 seats, under pressure of a Democratic President, would undoubtedly pass it. The bill would then go to the Senate Finance Committee, whose chairman is Senator Harry F. Byrd of Virginia. While Sen. Byrd vigorously opposes this bill, he probably would not prevent it from reaching the Senate floor where the Democratic majority of 67 members out of 100 seats would almost certainly pass it.

Laws Passed in 1963

From the standpoint of accomplishment, the two most significant laws to emerge from the first session of the 88th Congress were: (1) to provide financial aid to medical schools, and (2) to attack mental illness and mental retardation. Federal aid for medical education took the form of $175 million program of matching grants for construction and expansion of medical schools. This law also includes a provision for Federal loans for medical school students.

To combat mental illness and mental retardation, Congress provided for a

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program of expanded research and construction of community treatment centers at a cost of $594.2 million, over a 5 year period. The program, strongly supported by the A.M.A. included health centers for in-patient and out-patient treatment. The A.M.A. successfully opposed federally financed staffing of these centers, preferring to have the community and local family physicians play a larger role in the treatment of mentally ill patients, near their homes rather than in distant state institutions.

Congress demonstrated a growing concern for the sky-rocketing health budget and has cut down severely many of the administration's proposals. The budget for the National Institute of Health, chief governmental medical research agency, was cut to $918.5 million from a requested figure of $930 million. On the other hand, the Hill-Burton program of federal aid for hospital construction was increased to $226.2 million from a requested figure of $179.5 million.

Air pollution was given congressional consideration as Congress directed H.E.W. to carry out greater air control efforts. Authorized national pollution prevention research gave H.E.W. broad authority to act in pollution cases including forcing abatement through the courts in event of interstate pollution. A water pollution bill passed the Senate but is stalled in the House. The bill strips the Public Health Service of support in this field and is therefore opposed by the Administration as well as by the A.M.A.

A 4-year extension of the Physicians Draft Law was passed with special pay for service physicians and dentists.

Federal minimum standards for auto seat belts became law on December 13, 1963.

Legislation Pending

Aside from the King-Anderson Bill, there is little of importance pending in the field of medical legislation. Slated for consideration is an amendment to the Keogh-Smathers Self Employed Retirement Law, to liberalize it. Also to be considered are bills to provide for humane treatment of animals and legislation to extend Federal powers over medical devices as well as drugs. The Administration's $190 million program for construction of shelters in schools and hospitals passed the House and is now pending before a Senate committee.

The major issues to confront the 88th Congress now in session will be tax reduction, civil rights and medical care for the aged. Physicians will be most concerned over health legislation, most important of which at this time will be the King-Anderson Bill or a modification of it. For the purpose of continuing the highest standards of medical care in the world many thinking Americans, including physicians, will vigorously oppose this type of legislation. It is urged that we all write our Senators and Congressmen now and express ourselves vigorously before it is too late (page 25).

Tillman

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LEGISLATIVE "HOPPER"

Following are some of the bills coming up this year in the State Legislature. The number of bill, one descriptive sentence, who introduced it, and the recommendation made by the State Legislative Committee, are given. For more information please feel free to call Dr. Emery, chairman of the Legislative Committee of Hampden District, or the office of the Society.

DRUGS

H1612—Providing for an investigation relative to the practices and procedures in the use of methyl bromide as a pesticide where such use may constitute an occupational hazard. (Maila E. Lamb)—OPPOSE

H2219—Authorization and directing the public health council of the department of public health to require that pharmacies and drug rooms in hospitals be operated by registered pharmacists. (Rep. Fallon)—DEFEATED

H2220—Authorizing and directing the public health council of the department of public health to require that the periodic inspection of hospital pharmacies be done by registered pharmacists. (Rep. Fallon)—NO ACTION

H2427—Relative to adulteration of drugs. (George F. Haigh)

Note: wuold permit podiatrists to prescribe drugs.—OPPOSE

H2465—Requiring the institutionalizing of persons convicted of addiction to the use of narcotics. (Rep. Carey)—OPPOSE

HOSPITALS

H2437—Requiring annual physical examination of nurses and doctors employed at state institutions. (Rep. Monk)—NO ACTION DEFEATED

H2441—Providing that there shall be a doctor in attendance at all times in all hospitals. (Rep. Simonelli)—OPPOSE

INSURANCE

H2187—Relative to dentists and chiropodists entering into written agreements with medical service corporations. (Rep. McGee)

Note: This will make it mandatory that chiropodists be included in Blue Shield.—OPPOSE

H1744—Prohibiting non-profit hospital service corporations and medical service corporations from disclaiming payment of hospital, medical, or surgical bills involving an assured designated as an "employee" under the Workmen's Compensation Law. (Rep. Donovan)—OPPOSE

S163—Further reviving and continuing the special commission established to investigate and study the laws relative to non-profit hospital and medical service corporations and the rising cost of hospital and medical care and hospital accommodations. (Sen. Benoit)—NO ACTION

LEGAL

S185—Exempting registered physicians from civil liability for emergency care or treatment rendered to persons attending a public gathering. (Sen. Hammond)—APPROVE

H187—Provides punishment for persons wilfully causing or permitting any child under the age of seventeen years to suffer or who inflicts thereon unjustifiable physical pain or suffering and requiring physicians treating such children to report the same to the police. (Rep. Bulger)—APPROVE

S188—Providing that records kept by hospitals, dispensaries, or clinics, and sanatoris supported by the Commonwealth shall be admiss-

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ible in evidence. (Sen. Hogan)—APPROVE

H1319—Modifying existing procedures relating to the administration of certain chemical tests designed to measure intoxication. (F. S. Giles)—DISAPPROVE

H1323—Provding that certain corporations and organizations be made liable for the tortious acts of its employees. (Rep. Weinberg)—APPROVE

H1771—Facilitating tissue and anatomical donations and bequests. (Rep. Cohen)—APPROVE

PUBLIC HEALTH

S349—Providing for an investigation and study by the department of public health relative to the pollution of the atmosphere within the metropolitan air pollution control district and vicinity. (Sen. Ames and McCann)—SUPPORT

S366—Returning to the local boards of health the authority to decide whether or not to fluoridate the public water supply. (Sen. Cutler) —DEFEATED

S370—To provide for the regulation of the distribution of antitoxins, serums, vaccines, and analagoud products under conditions of shortage of same during epidemics or impending epidemics. (George Michaels)—NO ACTION

S433—Providing for the examination, sentence, care, treatment, and rehabilitation of sexually dangerous persons. (Sen. Sullivan George F. McGrath)—NO ACTION

S422—Further regulating the powers and duties of the commissioner of public health and the public health council and making certain other changes in the organization of the department. (Sen. Cutler)

S488—Providing for the creation of a board to coordinate the department of mental health. public health, public welfare. (F. X. Bellotti) —SUPPORT

H51—Authorizes the commissioner of public health to provide accredited in service training for certain public health physicians.—APPROVE

H54—Requiring approval of plans by the department of public health.—APPROVE

H55—Relative to the adoption of regulations by the department of P.H. to prevent the pollution of waters of the commonwealth.—APPROVE

H234—Requiring the blood typing of all residents of the commonwealth with certain exceptions. (Maxwell H. Adelaman)—OPPOSE

H461—Reviving and continuing the special commission established to make an investigation and study relative to the adoption of regulatory and protective measures pertaining to ionizing radiation within the commonwealth. (Rep. Dukakis)—NO ACTION

H632—Provides that assistant physicians, subordinate officers and other persons employed in a state hospital shall have the right of appeal to the trustees and the superior court in the event of removal from office. (Mass. State Employees Association)—NO ACTION

H715—Providing for the education within or without the commonwealth of certain handicapped children.—APPROVE

H2425—Providing for a study by a special unpaid commission relative to prevention, care, treatment, and costs of disabling chronic disease, and other related matters. (Rep. Berry)—NO ACTION

H2553—Prohibiting a child from entering a public school unless he has been vaccinated against poliomyelitis. (Rep. Cohen)—OPPOSE

H1892—Authorizing the county commissioners of Hampden county to expend up to five thousand dollars for the care of children susceptible to disease. (Rep. Scibelli)—OPPOSE

Robert Emery, M.D., Chairman
Legislative Committee

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CHAPTER IV, Section 4 of By-Laws

Attendance of all orientation and indoctrination programs during the first year and of at least fifty (50) percent of the District meetings during the first two years of membership, is mandatory.

YOUR COMMITTEE OF CHOICE

For the third time in as many years you are invited to name the committee on which you would prefer to serve.

In order to insure the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of our committees appears. Write down your first and second preference on a piece of paper, sign it and forward it to Dr. Harry Memery, Secretary, Hampden District Medical Society, 1414 State Street, Springfield. In so doing you will be rendering a distinct service to your Society and its officers, who will give your expressed preference their most serious consideration. This, needless to say, applies only to committees appointd by the president.

Theodore A. Miner, M.D.,
President-elect

AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 19, 20 and 21. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

WESTERN MASS. MENTAL HEALTH MEETING

A meeting of representatives from the Mental Health Committees of the four Districts in Western Massachusetts was held on Wednesday, January 29, 1964 at 1 P.M. at the Yankee Pedlar Inn, Holyoke.

From Hampden District there were three representatives: Drs. Jerome A. Whitney, Chairman of both the State and Hampden District Mental Health Committees, Dr. Ralph T. Miller, Chairman of a special committee appointed by President Murray, who is working with the Community Council, and Mrs. Purdy, Executive Secretary of Hampden. Dr. Willard T. Weeks and Dr. William Wagenbach, both of Amherst, were present representing Hampshire District. No representatives were present from either Franklin or Berkshire Districts, although both sent in reports.

A general discussion was held concerning the establishment of a Mental Health Center.

Dr. Weeks oulined several questions for thought.

1. Basic legislation for rewriting laws so that it is possible for state support to go to psychiatric care on both an inpatient and outpatient private level.

2. An interest for better psychiatric care for those individuals who are unable to afford private care. There is a real need for both upgrading of salaries and of standards for individuals to work at a state level in mental institutions.

3. Some real stress on development of inpatient psychiatric service in community hospitals should be effected so that a patient is able to maintain contact with his private physician. The patient is thus more apt to receive interim care and be returned sooner to his occupation.

Dr. Wagenbach agreed with Dr. Weeks. There is a definite need for more instead of less psychiatric care and it should be divided between state support and private practice. He felt that the supply of psychiatric care would not in the foreseeable future equal the need.

Dr. Miller was in complete agreement with the first two physicians. He stressed the need of physicians treating their own patients in general hospitals although he admitted there are other needs that must be met.

The Hampshire District asked that future meetings take place with representation from all the four Western Massachusetts Districts at a suitable time and place.

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SIGNIFICANT LEGISLATIVE DATES — 1935 - 1962*

Here's a thumbnail legislative history of proposals for federal health care.

1935 — President Roosevelt's Committee on Economic Security issued a report calling for passage of the Social Security Act and endorsing the principle of a national compulsory health insurance plan. The President did not endorse the health proposal then or at any time during his presidency.

1943 — The Murray-Wagner-Dingell bill was introduced. It called for a national compulsory health insurance plan.

1945 — President Truman proposed a national medical insurance plan for all ages financed by higher social security taxes.

1949 — Truman's plan was embraced in a new Murray-Wagner-Dingell bill that touched off a major fight in Congress on the issue. Hearings were held before the Senate Labor and Public Welfare Committee, which did not act on the measure.

1955 — President Eisenhower proposed a government reinsurance plan for private insurance companies providing health insurance for the aged. This was defeated in the House, 238-134. There was no Senate action.

1957—Rep. Aime Forand (D., R.I.) introduced his legislation to provide medical-hospital benefits for aged social security beneficiaries through higher payroll taxes. Hearings were held before the House Ways and Means Committee in 1958 but there was no action.

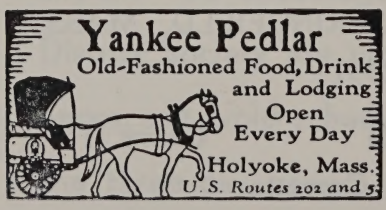
1960—The House Ways and Means Committee shelved the Forand bill by a 17 to 8 vote, and approved the voluntary Kerr-Mills, federal-state program of aid for the medically indigent elderly and expanded assistance for the indigent. This was passed by Congress and became law.

1960—The senate defeated a version of the Forand bill co-sponsored by Sen. John Kennedy, just nominated for the Presidency, by a 51 to 44 vote.

1961—Hearings were held by the House Ways and Means Committee on the Administration's Forand-type proposal, but there was no action.

1962—A revised version of the controversial legislation, knocking out some medical benefits and providing benefits for all of the aged, was defeated in the Senate by a 52 to 48 vote.

* From AMA News



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"POLIO SUNDAYS"

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This spring the Hampden District Medical Society will undertake — in cooperation with the Massachusetts Department of Public Health — an oral polio immunization program. It will consist of three "Polio Sundays" — one for each type of oral vaccine — and will be conducted for residents of all communities in our District. The first Sunday of April, May, and June are to be "Polio Sundays." Clinic sites will be located throughout the area. A voluntary contribution will be requested but will not be mandatory, contributions going toward a HDMS scholarship fund.

The program idea originated in the Society's Public Health Committee. A Polio Sub-committee was established: Dr. Norman A. Pokorny, chairman, Drs. John C. Ayres, William Byrnes, Howard G. Turner, and Lincoln Wales. The committee will meet weekly to oversee the program, making decisions and solving problems as they arise.

Program coordinator is Miss Patricia Adams from the Massachusetts Department of Public Health where she is a coordinator of Health Education. All activities will be conducted from the Society's headquarters.

Actual program planning began on January 6. A secretary, Mrs. Hanna Tuinstra, has been employed by the Society and a "polio" phone installed. This phone number, once publicity for the program begins, will be published as the "polio number" to be called for information about the program. As of February 3 the Society will have in its employ also Mr. Charles Freeman who will assist in handling publicity for the program. Publicity materials will go through the Society's Public Relations Committee prior to release. Special stationery has also been designed.

To date some 300 agencies — health, civic, fraternal, religious, and others — have been identified. Throughout the program, all will periodically receive information, will be asked to cooperate in whatever ways possible, and, in some instances, will be asked to provide specific assistance.

Currently, the Western Regional Office of the Massachusetts Department of Public Health is contacting the 24 boards of health in the area and identifying clinic sites for the program.

Details of the program will be officially made public at a press conference to be held Wednesday, February 19. To this conference will be invited representatives of all newspapers, radio and television stations of all communities involved. Immediately prior to each "Polio Sunday" there will be an intensive three week publicity campaign using all possible methods.

In addition to the State Health Department, other cooperating agencies will be the 24 local Boards of Health and the Civil Defense units throughout the District, the Springfield Druggists' Association, the National Foundation, and the Woman's Auxiliary.

For the Massachusetts Department of Public Health cooperation in the Program is a part of the Vaccination Assistance Program. By way of explanation, in July 1962 the United States Congress passed the Vaccination Service to make project grants to state health departments to assist states in carrying out intensive programs for diphtheria, whooping cough, tetanus, and polio immunization for all residents. Special emphasis, however, was to be given to DPT for children under five years of age and to tetanus for all. The federal program was created as studies across the country showed immunization gaps in those areas on which the program places special emphasis.

The State Health Department applied for and received from the Public Health Service a grant of $204,000 for the first year of a state-wide two and one half year intensive immunization assistance program in Massachusetts. Objectives of this program in cooperation with medical societies, local board of health, and other health agencies are:

1. To bring the immunization of all population groups up to 100%, particularly for tetanus and polio.
2. To strengthen on-going immunization programs so that once 100% immunization has been acquired it may be maintained.

For the Hampden District Medical Society this program is a first, and it also is a first for a Medical Society in Massachusetts in that the Society is assuming responsibility for planning and carrying out such a large program, 24 communities being involved. We anticipate both an interesting and successful venture.

Norman A. Pokorny, M.D., Chairman
Public Health Committee

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CORRESPONDENCE

THE HAMMOND BILL

Dear Hippocrat:

This state's "Good Samaritan" law — which exempts physicians from civil liability arising out of emergency treatment — would be further broadened under a bill that has been filed in the Massachusetts Legislature by Senator George D. Hammond of Westfield.

"At the present time," Senator Hammond explained, "a physician is protected against civil liability only when he gives emergency care or treatment at the scene of an automobile accident."

The Hammond measure would, on the other hand, extend the exemption to any emergency situation that might result in personal injuries, such as a skiing accident, a beach mishap, a football injury, or a fall.

"This is an area that requires legislative attention," the Hampden-Berkshire Senator said.

"There have been many instances in the past when physicians who acted sincerely and generously in the administration of emergency medical attention have found themselves the object of major civil actions.

"This has resulted in a natural hesitancy on the part of physicians to give emergency care. They are bound by their profession to give aid but at the same time must take into account the impact of civil actions on their professional and personal lives.

"The bill I have proposed would remove any obstacle to the quick attention that might be provided at an accident scene."

Senator Hammond noted that "Good Samaritan" laws were passed by 14 states during 1963, and a proposal of this nature is pending in Delaware.

George D. Hammond, *Senator*
Hampden and Berkshire Districts

W.M.P.S.

I would like to acquaint the members of the HDMS with the Western Massachusetts Psychiatric Society. We are the local components of the American Psychiatric Association, occupying a status comparable to that which the HDMS occupies with reference to the AMA. Our membership of forty-two represents a large majority of all the APA members of the Hampden District area.

The objective of our Society is to foster the science of psychiatry, to further higher professional standards, and to assist the APA in promoting its objectives. In addition to providing scientific meetings for our members, we seek to establish liaison with other professional and community organizations in order to work together, not only on problems pertaining to mental illness but also on broader social problems which psychiatrists might assist in solving.

Of special interest to members of the HDMS will be the knowledge that we do have available to us, through our association with the APA, resources which enable us to establish educational programs in psychiatry for physicians and to provide part-time psychiatrists to communities in need. Anyone who would be interested in either of these programs should get in touch with me.

John A. Larson, M.D.
President, W.M.P.S.

MEDICINE AND RELIGION

Dear Hippocrat:

The opening editorial of your December, 1963 issue deals with Medicine and Religion. Although the two were closely linked through the religious leader, it is of interest to note that for many centuries Rabbis were also physicians. Rabbis did not dabble just because of their office but also because of their special training in the field of medicine. One of the best known was Moses Maimonides.

Rabbi Herman E. Snyder,
Sinai Temple, Springfield

ACADEMY

At the March 11 meeting of the Springfield Academy of Medicine, the speaker will be Ward O. Griffen, Instructor in Surgery, University of Minnesota Medical School, Minneapolis, Minnesota.

His topic will be "Technique of Gastric Hypothermia for Bleeding." The clinical conference will be held at the Mercy Hospital, 5:00 p.m.

At the April 14 meeting the speaker will be Francis D. Moore, Mosely Professor of Surgery, Harvard Medical School, Cambridge, Mass. His topic will be "Some Unusual Problems of Duodenal Ulcer." The clinical conference will be held at the Springfield Hospital, 5:00 p.m.

Anything on your mind? Share it wtth the Hippocrat!

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TAX SUPPORTED MEDICAL CARE

by Harry L. Roberts, M.D., Member Committee on Tax Supported Medical Care, M.M.S.

To you, on the sidelines, progress within the Committee on Tax Supported Care must seem hopelessly slow. I am sure it does so to those of us on the committee who attend meetings regularly, yet see so little progress.

Meetings have been held at which the Tax Commissioner has expressed his views and has endeavored to explain the attitude of the Department of Public Welfare. There is one controversial factor, the fifteen-mile clause, according to which patients within fifteen miles of a teaching hospital must be cared for within that hospital as ward patients. This, your committee has felt right along, is an injustice, and efforts are being made to correct it. Several proceedings of legal nature have been brought against the Department of Public Welfare with the hope that some improvement may result. One, by the Massachusetts General Hospital, has recently resulted in favor of the hospital.

It is my honest belief, although not unanimously sustained at our last state committee meeting, that as a District Society we are perfectly at liberty to disseminate, in any way we desire, information regarding the benefits of the Kerr-Mills act, so that the public may be better informed. It is the hope of the committee, although probably not generally expressed at this time, that the implementation of the Kerr-Mills bill may be transferred to some agency other than the Department of Public Welfare.

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YOUR LAWMAKERS

If you would like to write to your elected representatives regarding proposed legislation or to inform them of your opinions, here's where and how:

1. Be brief;
2. Be friendly and courteous;
3. Be straightforward and sincere, giving your own ideas in your own words and not following a form letter;
4. Do not use carbon copies; rather, write each personally and individually;
5. Sign your letter legibly and always include your address.

Below is a listing of your elected representatives, the districts they represent, and where they may be reached.

Congress of The United States

U. S. Senators

Leverett Saltonstall (R), Senate Office Building, Washington, D.C.

Edward M. Kennedy (D), Senate Office Building, Washington, D.C.

U. S. Congressmen

First District - Silvio O. Conte (R), House Office Building, Washington, D.C.

Second District - Edward P. Boland (D), House Office Building, Washington, D.C.

General Court of Mass.

All State senators and representatives may be addressed: State House, Boston 33, Mass.

State Senators

First Hampden District: Stanley J. Zarod, (D).

Second Hampden District: Maurice A. Donahue, (D).

Hampden and Berkshire District: George D. Hammond, (R).

Worcester and Hampden District: Paul H. Benoit, (D).

State Representatives

First Hampden District: Raymond H. Beach, (R), and George T. Smith, (R).

Second Hampden District: John F. Thompson, (D).

Third Hampden District: Roger L. Bernashe, (D).

Fourth Hampden District: Mitsie T. Kulig, (R).

Fifth Hampden District: John J. Fitzgerald, (D), and David N. Vigneault, (D).

Sixth Hampden District: William J. Kingston, (D), and Anthony M. Scibelli, (D).

Seventh Hampden District: Bernard J. Foley, (D).

Eighth Hampden District: Philip K. Kimball, (R).

Ninth Hampden District: Saul Simons, (R).

Tenth Hampden District: Arthur J. McKenna, (D).

Eleventh Hampden District: James C. Corcoran, Jr., (D), and George W. Porter, (R).

Twelfth Hampden District: Stephen T. Chmura, (D).

Thirteenth Hampden District: David Bartley, (D).

Fourteenth Hampden District: Emmett J. Cauley, (D).

Fifteenth Hampden District: Robert J. McGinn, (D).

HOLYOKE STATISTICS - 1963

An unofficial analysis of deaths occuring in the City of Holyoke during 1963, as recently made available by the Holyoke Health Department, revealed that a total of 976 persons passed away. The ten leading causes of death were:

	No.	% of Total
1. Diseases of the heart	395	40.5
2. Cerebro-vascular lesions	136	13.9
3. Neoplasms	130	13.3
4. Pneumonia (all types)	90	9.2
5. Disease of early infancy	60	6.2
6. Accidents	25	2.6
7. Nephritis & Nephrosis	23	2.4
8. Pulmonary edema	15	1.5
9. Cirrhosis of the liver	14	1.4
10. Pulmonary embolism	13	1.3
Intestinal obstruction	13	1.3
All other causes	62	6.4
	976	100

The median age of death fell in the 70 - 80 year age group with 51.5% of all deaths occurring in persons over 70 years of age. As characteristic of the area, these statistics point up the fact that chronic diseases, particularly those of the cardiovascular system, are the major health problems of Holyoke.

Deaths from infectious diseases during 1963 amounted to a total of 97 or 10% of all deaths. These were due to:

Pneumonia	90
Encephalitis	3
Hepatitis	2
Meningitis	1
Bronchitis	1
	97

Pneumonia and bronchitis deaths were probably terminal insults superimposed upon some other prolonged illness.

Reported resident cases of infectious diseases during 1962 were:

Chickenpox	103
Diphtheria	1
Bacillary Dysentery	1
German Measles	27
Infectious Hepatitis	7
Measles	62
Meningitis	6
Mumps	27
Poliomyelitis, paralytic	1
Salmonella	5
Scarlet Fever	7
Tuberculosis	17

Although there is obviously an under-reporting of the common communicable diseases of childhood, which seems to be a universal problem, it is gratifying to see the low incidence of infectious diseases for which there are effective immunizing agents. Apparently, there are some foci of deficient immunization since one case of diphtheria and polio respectively were reported.

Interestingly enough, there were 6 cases of suicide during the year and might be a potential index of the status of mental health in the community. However, this is not unusual but rather in keeping with the area prevalence.

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INVITE YOUR LEGISLATORS

"Another method which medical societies should use to develop a broader base of understanding for medicine's views is to invite legislators and other public officials to sit in on society meetings occasionally or to plan special buffets or gatherings for these persons. Rarely do legislators or officials have time to get together socially with physicians to talk about common problems in an informal atmosphere. Such meetings help develop friendships of PR significance. They are also valuable from the standpoint that doctors can learn directly from legislators how to win support in the state assembly. One Illinois society, for example, was given this sound advice by visiting state legislators from DeKalb County. Physicians have been too lax in writing their representatives when bills that they favor or oppose are up for consideration. Letters do carry weight in the legislature and more doctors should take advantage of this medium for getting their views across to legislative representatives.

"Active interest, continued effort to keep informed, and vigorous participation in the activities of government are the elements of good citizenship. Doctors should give increasing thought to the full import of President Eisenhower's words that in a democracy 'politics ought to be the part-time profession of every citizen'."

From PR Doctors

FOR
"OPERATION HOMETOWN"
SEE PAGE 9

AUXILIARY NEWS

Meetings

Tuesday, March 3, 1964

Luncheon Meeting at 1:00 P.M.

Shaker Farms Country Club, Westfield

Program will feature latest spring fashions and high styled coiffures.

Guest speaker - Beatrice Frasier King, Director of The Frasier School, Springfield.

This meeting will be open to members and their guests.

Chairman - Mrs. William Walthall

Co-chairman - Mrs. Edwin Gillis

Tuesday, April 17, 1964

Annual Luncheon Meeting at 1:00 P.M.

Vincent's Hill House, West Springfield

Installation of officers

Guest speaker and installing officer, Mrs. Eugene Holden, President of the Woman's Auxiliary to the MMS.

Chairman - Mrs. Eugene W. Beauchamp, Jr.

ELECT ON MERIT

"In working for good government, medical societies should not take political sides but should demonstrate a sincere interest in electing good candidates on a non-partisan basis and in supporting legislation which is beneficial rather than harmful to our free-enterprise system. When a medical society bases its actions upon this philosophy, its sentiments on political matters will carry far more weight in the community."

AMA

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Dr. Louis Orr
Past President, AMA

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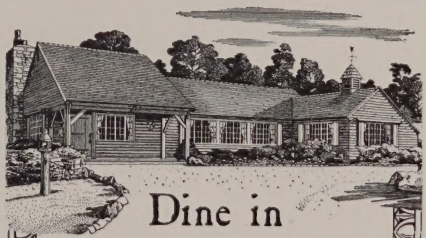

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